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ORIGINAL ARTICLE



Using extended theory of planned behavior to determine factors associated with help-seeking behavior of sexual problems in women with heart failure: a longitudinal study

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ABSTRACT

Introduction: This study used extended theory of planned behavior (extended TPB) to understand the underlying factors related to help-seeking behavior for sexual problems among Iranian women with heart failure (HF).

Methods: We recruited 758 women (mean age = 61.21 ± 8.92) with HF at three university-affiliated heart centers in Iran. Attitude, subjective norms, perceived behavioral control, behavioral intention, self-stigma of seeking help, perceived barriers, frequency of planning, help-seeking behavior, and sexual function were assessed at baseline. Sexual function was assessed again after 18 months. Structural equation modeling was used to explain change in sexual functioning after 18 months.

Results: Attitude and perceived behavioral control were positively correlated to behavioral intention. Behavioral intention was negatively and self-stigma in seeking help was positively correlated to perceived barriers. Behavioral intention was positively and self-stigma in seeking help was negatively correlated to frequency of planning. Perceived behavioral control, behavior intention, and frequency of planning were positively and self-stigma in seeking help and perceived barriers were negatively correlated to help-seeking behavior. Help-seeking behavior was positive correlated to the change of FSFI latent score.

Conclusions: The extended TPB could be used by healthcare professionals to design an appropriate program to treat sexual dysfunction in women with HF.

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KEYWORDS

Extended theory of planned behavior; women; heart failure; help-seeking; sexual function

Introduction

Given the high prevalence of heart failure (HF) worldwide (~1%–2% of the adult population in developed countries, rising to $\geq 10\%$ among people >70 years of age) [1], healthcare professionals should not ignore the profoundly negative impacts of this complex syndrome. Although 60%–87% of patients with HF report sexual problems [2], healthcare professionals seldom address sex issues with their patients [3,4]. By definition, HF restricts itself to stages at which clinical symptoms are apparent [1], and symptoms of HF affect the sexual relationships of patients with HF [5]. One of the negative impacts in HF is sexual dysfunction that contributes to the impairment of the patients' quality of life [6,7]. Most patients attribute

their sexual problems to their HF; however, the mechanism behind sexual problems is complex and sexual problems can be related to various demographic, physiological/clinical, and treatment related factors [8]. It is known that women with HF have more sexual problems than women in the general population [9]. Although men may have sexual dysfunction, women experience different types of sexual dysfunction, such as decline in sexual arousal or painful sexual intercourse [9]. In a recent study [10], men with HF were more likely to report problems with sexual function, but both genders were similarly highly bothered by the problem. Therefore, assessing for sexual dysfunction in women with HF is an important issue for healthcare professionals to address [11].